DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE STATE FIRE MARSHAL Certification of Cigarette Manufacturer under

South Dakota Fire Safe Cigarette Law Please review instructions prior to completion.

Part 1: Type of Certification							
Type of Certifica (Check one)	tion:	Initial □ Su _l	pplemental	☐ 3-year Red	certification		
Type of Manufacturer: ☐ Participating Manufacturer ☐ Non-Participating Manufacturer (Check one)							
Part 2: Manufacturer Identification							
Company Name: Mailing Address:							
City:		State:	Zip Code:	Cour	ntrv.		
Phone:	Fax	State: Zip Code: Country: Fax: Web Address:					
	Individual completin		1100710	<u></u>			
E-Mail Address:		.9					
Part 3: Brand F	amily Certification	n – Fire Safe Cig	arettes (Attach ad	dendum pages	as necessary.)		
The undersigned manufacturer certifies, under penalty of perjury as of the date of this certification, it is a cigarette manufacturer, and is in full compliance with the South Dakota Fire Safe Cigarette Law. The cigarettes included in this certification have been tested in accordance with ASTM standard E2187-04 and meet the performance standard specified in SDCL 34-49. List the brand (i.e., the trade name on the package), style, length in millimeters, circumference in millimeters, flavor (e.g., menthol, chocolate) if applicable, filter or non-filter, and package description (e.g., soft pack, box) for each cigarette sought to be certified as in compliance with the South Dakota Fire Safe Cigarette Law. If necessary, use the addendum form to list additional brands and their styles.							
Brand	Style	Length and	Flavor	Filter/Non	Package		
(Trade name on package)	,	Circumference (in millimeters)	(Menthol, Chocolate, Etc.)		(Soft pack, box, etc.)		

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Part 4: Test Method						
The cigarettes included in this certi	fication ha	ve been teste	ed using	the following me	ethod (check one) an	d the test
results are attached. The manufac						
provide the data to the State Fire M				•	•	
☐ ASTM E2187-04		•				
☐ Alternate method approved by	the South	Dakota Stato	Fire M	archal Attach a	conv of the Fire Mare	shal
	Alternate method approved by the South Dakota State Fire Marshal. Attach a copy of the Fire Marshal Authorization of the proposed testing method as required by SDCL 34-49-2.					onai
Authorization of the proposed te	sung meu	iod as require	ea by Si	DGL 34-49-2.		
Part 5: Marking Approval						
☐ All aigerattes included in this as	tification b		wad ma	arking of ECC on	anah maali aartan a	nd 0000 or
☐ All cigarettes included in this ce				-	•	nd case or
other approved marking, at or arou	nd the are	a of the UPC	code a	s required by SD	CL 34-49-9.	
☐ Manufacturer proposed marking	n is attach	ed and submi	itted wit	th this certification	n (The proposed ma	arking is
 Manufacturer proposed marking is attached and submitted with this certification. (The proposed marking is 8-point type or larger.) 					and g io	
o-point type of larger.)						
Part 6: Fee Calculation						
1. The number of cigarette brand	families lis	ted on this ce	ertification	on		
2. Processing and enforcement fee of \$1,500.00 for each brand family listed \$						
3. Amount due State of South Dakota (Line 1 times Line 2)\$\$						
Amount remitted with this certification: \$						
No brand families will be certified for sale in the state of South Dakota or be included in the South Dakota Fire Safe Cigarette Law List until the fee is paid in full.						
		•				
Part 7: Certification information	provided	to Wholesale	Deale	rs and Agents		
As of the date on this certification, the undersigned manufacturer hereby certifies under penalty of perjury that it has						
provided copies of the certification to all South Dakota licensed wholesale dealers and agents, as required by						
SDCL34-49-9 as well as those who may sell to a South Dakota licensed wholesale dealer or agent.						
Attach a list of wholesale dealers and agents including the name, address, telephone number, contact						
person, and the number of copies of certifications provided. If the wholesale dealer or agent requests an						
electronic copy rather than paper copies, please note such.						
Part 8: Designated Contact						
Name:			7	Title:		
Mailing Address:						
City:		State:	Zip C		Country:	
Phone:	Fax:			E-Mail:		

The State Fire Marshal will not process incomplete or illegible certifications.

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South Dakota Fire Safe Cigarette Law

Please review instructions prior to completion.

Part 9: Manufacturer Certification		
Under penalties of perjury, I state that, to the best of my know certification and any attached documents are true and accura manufacturer making this certification either under the laws of the manufacturer resides or is organized. I understand the Fi documentation to determine whether the manufacturer qualific Safe Cigarettes. This document must be signed and dated	te and that I am a person auth f the state of South Dakota or re Marshal may require addition es for listing on the South Dak	norized to bind the of the jurisdiction where onal information and/or tota State Directory of Fire
Authorized Designee (Print Name)	Title	
Signature of Authorized Designee	Date	
Subscribed and sworn to		
before me this date:	Signature of Notary Public	
(OL/IL)		
	County	Commission Expires

MAIL TO

Submit the completed certification and other required documentation to the State Fire Marshal at:

South Dakota State Fire Marshal Department of Public Safety 118 West Capitol Avenue Pierre, SD 57501 For additional forms and information, please contact:

State Fire Marshal Phone: (605) 773-3562 Fax: (605) 773-6631 fireinfo@state.sd.us

The State Fire Marshal will not process incomplete or illegible certifications.

DEPARTMENT OF PUBLIC SAFETY OFFICE OF THE STATE FIRE MARSHAL Addendum for Brand Family Certification

Brand (Trade name on package)	Style	Length and Circumference (in millimeters)	Flavor (Menthol, Chocolate, Etc.)	Filter/Non	Package (Soft pack, box, etc.)
	<u> </u>				